

Enclosure 4C: PARAMEDIC COURSE STATEMENT OF UNDERSTANDING

DATE: _____ COURSE #: _____ INSTRUCTOR: _____

PARAMEDIC TRAINING INSTITUTION: _____

ALL CANDIDATES:

1. I understand that I may miss 10% of the total classroom hours for any reason. I also understand that under extenuating circumstances, the **program coordinator** may allow me to miss **up to a total** of 20% of the total classroom hours. I understand that I must document (**in writing**) to the program coordinator's satisfaction, the extenuating circumstance. **The program coordinator is under NO obligation to accept my documentation or to extend me the additional 10% in allotted absences.** I understand that arriving to class late or leaving class early counts toward my allotted hours of time missed. I understand that **all** work missed must be made up at the convenience of and to the satisfaction of my instructor **before** completion of the last class. I understand that the make up of the work missed will **not** erase the hours of absences. I understand that once I have exceeded my hours of absences, I **will** be terminated from the course and will **not** be eligible to attempt the National Registry examinations.
2. I understand that the state of SC requires a criminal background check on each candidate upon certification or re-certification. I have received the necessary information on the criminal background check procedure. I understand (through these instructions) that I must successfully complete the course and pass the NREMT practical and written examination prior to beginning the background check process. I understand that background checks completed prior to successful completion of the NREMT practical and written examination will not be accepted.

INITIAL PARAMEDIC CANDIDATES:

1. I VERIFY THAT I **AM** a currently certified SC EMT or SC AEMT - **OR** - I have **written** permission from DHEC to be in this course.
2. I UNDERSTAND THAT I WILL BE REMOVED FROM THE COURSE IF MY CURRENT CERTIFICATION EXPIRES PRIOR TO THE LAST CLASS DAY.

REFRESHER PARAMEDIC CANDIDATES:

1. I understand that I may **not** enroll in an EMT-Paramedic refresher course unless **I am or have previously been a SC certified EMT-PARAMEDIC or I have written permission from SC DHEC.**

IMPORTANT: PLEASE "PRINT" CLEARLY

| CANDIDATE'S NAME LAST / FIRST | IDENTIFICATION S.S.N SC EMT # | | REFRESHERS SC EMT EXP. DATE | CANDIDATE'S SIGNATURE |
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I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions in regards to course eligibility and attendance requirements. I have witnessed all signatures and verified the status of all candidates. All policies will be enforced.

INSTRUCTOR SIGNATURE / DATE: _____

This form is to be completed at the **first** class meeting and may be requested by SC DHEC at any time.